



REGISTRATION FORM

Ninth Annual Virginia Occupational Safety and Health Conference

June 16 - 18, 2004

Registration fees are **\$100 until April 15, 2004** and **\$135 thereafter**. The First Aid and CPR package session is an additional \$25 to the registration fee. You must take both sessions. Space is limited and will be filled on a first come, first served basis.

Payment must be made by check, VISA, MasterCard or IAT (for state agencies).

Join the Golf Tournament!

☐ **Yes**, I want to participate in the golf tournament. Please send me a brochure.

☐ I need a vegetarian meal.

NEW!

The 10-Hour General Industry course and the 10-Hour Construction course are new this year. If you are taking either course please do not register for any of the other sessions.



Name: _____ Company: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: () _____ Fax: () _____

E-mail: _____

Please circle the sessions you are planning to attend. Refer to the conference agenda for information. (Do not sign up for any of the sessions below if you plan on attending one of the 10-hour courses)

Wed., June 16, 12:45 p.m.	1	2	3	4	5	6
Wed., June 16, 2:30 p.m.	1	2	3	4	5	6
Wed., June 16, 4:00 p.m.	1	2	3	4	5	6
Thurs., June 17, 9:00 a.m.	1	2	3	4	5	6
Thurs., June 17, 10:45 a.m.	1	2	3	4	5	6
Thurs., June 17, 1:30 p.m.	1	2	3	4	5	6
Thurs., June 17, 3:00 p.m.	1	2	3	4	5	6
Fri., June 18, 7:45 a.m.	1	2	3	4	5	
Fri., June 18, 9:15 a.m.	1	2	3	4	5	

Choose **ONE** from the courses below: (*Space is limited*)

Wed., June 16-18 / 10-Hour General Industry Course ☐

Wed., June 16-18 / 10-Hour Construction Course ☐

You must complete ALL sections of a 10-hour course to receive a Completion Card.

PAYMENT MUST ACCOMPANY REGISTRATION

☐ Check Amount Paid: \$ _____

Please make check payable to **VA Dept. of Labor & Industry**

Fax Credit Card Registrations to: (804) 371-7634

☐ VISA ☐ MasterCard Amount Paid: \$ _____

Credit Card #: _____ Exp. Date: ____/____/____

Card Holder's Signature: _____ Date: _____

IAT (Inter-Agency Transfer) For State Agencies Only

Amount Paid: \$ _____ IAT Point of Contact: _____

Phone Number: () _____

Fax IAT registration form to: (804) 786-8418 Attention: Sharon Holmes